

Vaccine for children aged 5 to 11 years

The City of Bergen offers COVID-19 vaccination to 5- to 11-year-olds. The recommendation is that children with severe primary disease should be vaccinated, while healthy children can be vaccinated.

Children in the 2010-to-2016 cohorts and those from the 2017 cohort who have reached the age of 5 years are offered both one and two doses of the COVID-19 vaccine if both the child and the Parent or Guardian wish to do so. All vaccination is voluntary.

Recommendation on vaccination

The national authorities have decided that children in this age group should be given the opportunity to take a vaccine against COVID-19, but no call or recommendation has been made that this group should be vaccinated. It is therefore important that parents decide for themselves whether they want to vaccinate their child.

However, The Norwegian Institute of Public Health (FHI) recommends that children in the age group who have serious primary disease **should be vaccinated**.

The vaccine is particularly relevant for:

- Children with chronic diseases
- Children in families that have close contact with persons in particular need of protection.
- Children who are at increased risk because they are moving to or staying in countries with a higher risk of infection or poorer access to health services than in Norway, or children who for other reasons live in an extremely vulnerable situation.

How your child receives a vaccine

The City of Bergen has decided that the vaccination of children aged 5 to 11 shall take place under the auspices of the school health service for pupils, and at public health centres for kindergarten children over 5 years of age. The venue for the vaccination has not yet been determined.

Parents can contact their child's school health service via [HelseNorge](#) and request that the child receive a vaccine appointment.

Parents of children who have not started school can contact the public health centre that the child belongs to via HelseNorge or by phone.

Requirement for consent

Both parents with parental responsibility must consent to COVID-19 vaccination. Send the consent for the child to be vaccinated via HelseNorge to the school health service. If you are unable to use the digital solution, you can fill out the **consent form on page 3**. No exceptions are made to this rule unless a parent has sole parental responsibility and can show documentation to prove it. At least one parent who has signed the consent form must accompany the child to the vaccination.

Children's right to be heard

Children have the right to receive age-appropriate information. Parents should talk to their children about the choices regarding vaccination and help convey important information about the subject. Children and adolescents should be heard based on age and maturity.

About the vaccine

Children in this age group will receive a special children's vaccine from Pfizer. The vaccine is not

approved for children under 5 years of age. Children born in 2017 must therefore wait to receive the vaccine until they reach the age of 5.

FHI considers that one dose provides the best cost/benefit balance in this age group. If you want your child to receive two doses, the recommended interval between the doses is twelve weeks. The minimum interval is 8 weeks, unless there are special medical reasons for a shorter interval.

More information

[Coronavirus vaccine for children 5-11 years - NIPH \(fhi.no\)](#)



BERGEN
KOMMUNE

Consent to vaccination

I/we would like my/our child to be vaccinated against COVID-19.

Child's name: _____ Child's personal ID no. _____

Name of school: _____ Borough: _____

Parents with parental responsibility:

Both parents with parental responsibility must sign the consent form. You must hand in a separate consent form for each dose of vaccine. NB! If you have sole parental responsibility, only you need to sign, however, you must take documentation of sole parental responsibility to the vaccination centre.

Parent 1:

Full name (please write clearly): _____

Date and place: _____

Telephone no.: _____

Consent to dose 1: _____ Consent to dose 2: _____ (Insert "Yes" to consent)

Signature: _____

Parent 2:

Full name (please write clearly): _____

Date and place: _____

Telephone no.: _____

Consent to dose 1: _____ Consent to dose 2: _____ (Insert "Yes" to consent)

Signature: _____